

EXHIBIT

9

PRESBYTERIAN

## Itemized Billing Statement

George R Gallegos  
PO BOX 706  
OHKAY OWINGEH, NM 87566

Hospital Account: 35021384  
Patient Name: Gallegos, George R  
Account Balance: 0.00

Admission Date: 09/04/2014  
Discharge Date: 09/04/2014

## Hospital Charges

Date	REV Code	Procedure Code	Description	Qty	Amount
09/04/14	0301	30100326	HC POC GLUC BLD TEST MONITORING DEVICE	1	48.00
09/04/14	0272	27200401	HC KIT CATH PERCU	1	344.00
09/04/14	0272	27200279	HC CATHETER IV 16 X 1 1/4	1	9.00
09/04/14	0272	27200389	HC IV PRIMARY INTERLINK AB	1	51.00
09/04/14	0272	27200390	HC IV SECONDARY INTERLINK	1	10.00
09/04/14	0272	27200017	SOLN IRR 0.9% NACL 3L BG	4	107.42
09/04/14	0271	27100001	SLV CMPR MED KN SCD EXP	1	110.00
09/04/14	0272	27200017	SUT ETHLN 3-0 PS2 BLK	1	16.68
09/04/14	0271	27100001	BLADE SHVR AGRS + LG HUB ASCP	1	196.92
09/04/14	0272	27200017	CANN ARTHREX 8.25 X 7CM	2	225.00
09/04/14	0272	27200017	CANN ARTHREX 7MM DISP	3	337.50
09/04/14	0272	27200017	ELCTRD ELCSURG VPRTRD 4MM90DEG	2	1,020.00
09/04/14	0272	27200017	BUR BARREL 4.0	1	266.75
09/04/14	0272	27200017	ANGLED SHAVER	1	282.24
09/04/14	0360	36000037	HC OR ACUITY 3	1	7,080.00
09/04/14	0272	27200221	HC ANESTHESIA SUPPLY CHARGE	1	255.00
09/04/14	0710	71000040	HC RECOVERY ROOM 1ST HOUR EA 15 MIN	4	1,672.00
09/04/14	0710	71000041	HC RECOVERY ROOM EA 15 MIN	3	135.00
09/04/14	0370	25000003	HC ANESTHESIA AGENT CHARGE	7	260.05
09/04/14	0360	36000080	HC OR STAFF 2 15 MIN	6	2,490.00
09/04/14	0636	J2405	ONDANSETRON 4 MG/2 ML SOLN 2 ML VIAL	4	7.00
09/04/14	0636	J1200	DIPHENHYDRAMINE 50 MG/ML SOLN 1 ML VIAL	1	7.00
09/04/14	0250	25000002	ROCURONIUM 10 MG/ML SOLN 5 ML VIAL	1	44.00
09/04/14	0636	J0330	SUCCINYLCHOLINE 20 MG/ML SOLN 10 ML VIAL	10	17.00
09/04/14	0636	J3010	FENTANYL 50 MCG/ML SOLN 2 ML AMPUL	1	7.00
09/04/14	0636	J0690	CEFZOLIN 1 GRAM/50 ML PGBK 50 ML BAG	2	31.00
09/04/14	0250	25000002	EPHEDRINE 50 MG/ML SOLN 1 ML AMPUL	1	7.00
09/04/14	0250	25000002	ROCURONIUM 10 MG/ML SOLN 5 ML VIAL	1	44.00
09/04/14	0250	25000002	LABETALOL 5 MG/ML SOLN 20 ML VIAL	1	10.00
09/04/14	0250	25000002	LABETALOL 5 MG/ML SOLN 20 ML VIAL	1	10.00
09/04/14	0636	J2710	NEOSTIGMINE 1 MG/ML SOLN 10 ML VIAL	20	23.00
09/04/14	0250	25000002	GLYCOPYRROLATE 0.2 MG/ML SOLN 1 ML VIAL	2	15.00
09/04/14	0636	J7120	LACTATED RINGERS SOLP 1,000 ML BAG	1	16.00
09/04/14	0636	J7120	LACTATED RINGERS SOLP 1,000 ML BAG	1	16.00
09/04/14	0636	J2250	MIDAZOLAM 1 MG/ML SOLN 2 ML VIAL	2	7.00
09/04/14	0636	J3010	FENTANYL 50 MCG/ML SOLN 2 ML AMPUL	2	7.00
09/04/14	0250	25000002	PROPOFOL 10 MG/ML EMUL 20 ML VIAL	1	33.00
09/04/14	0636	J2001	LIDOCAINE-PF 20 MG/ML (2 %) SOLN 5 ML VIAL	10	11.00
09/04/14	0636	J3010	FENTANYL 50 MCG/ML SOLN 2 ML VIAL	1	9.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
09/04/14	0636	J3010	FENTANYL 50 MCG/ML SOLN 2 ML VIAL	1	9.00
09/04/14	0636	J3010	FENTANYL 50 MCG/ML SOLN 2 ML VIAL	1	9.00
09/04/14	0250	25000002	LABETALOL 5 MG/ML SOLN 20 ML VIAL	1	10.00
09/04/14	0250	25000002	LABETALOL 5 MG/ML SOLN 20 ML VIAL	1	10.00
09/04/14	0940	94000001	HC PLACE NEEDLE / CATH IN VEIN	1	121.00

Total hospital charges:

15,396.56

**Hospital Payments and Adjustments**

Description	Amount
MEDICARE LMRP WRITE OFF - 09/16/14	-32.00
MEDICARE CONTRACTUAL WRITE OFF - 10/06/14	-8,953.51
MEDICARE CONTRACTUAL WRITE OFF - 10/07/14	-23.00
MEDICARE Payments	-5,089.65
Coinsurance: 1,298.40	
Non-covered: 55.00	
UHC COMM Payments	-1,298.40

Total hospital payments and adjustments:

-15,396.56